Yes No X	child because	sactions, or liabilities of a spouse or dependent	" income, trans	EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?
Yes No	trusts" need not	of Official Conduct and certain other "excepted trusts" need not pouse, or dependent child?	on standards 19 you, your sp	TRUSTS —Details regarding "Qualified Blind Trusts" approved by the Committee on standards of Official Conduct and celebe disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?
UESTIONS	F THESE Q	MATION — ANSWER EACH OF THESE QUESTIONS	TINFOR	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
wered and the "Yes" response.	must be ans ed for each '	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response	8 □	V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule V.
Yes No X	arrangement with	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.		IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV.
Yes No	or before the date	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	S S	III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule III.
Yes No	d receive any n the reporting		₹	II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.
Yes No No	l receive any regating more	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$305 and not otherwise exempt)? If yes, complete and attach Schedule VI.	N _S	I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I. Yes
		E QUESTIONS	OF THES	PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIO
A \$200 penalty shall be sessed against anyone who files more than 30 days late.	A \$200 penal against anyon 30 days late.	or Employing Office: ee	Officer or Employee	Status Member of the U.S. State: 4X House of Representatives District: 03 Report Type Member of the U.S. State: 4X Amendment
11.3. nouse yother/use (Anly)	this house you	(Daylime Telephone)		(Full Name)
2008 MAY 15 PM 4:25	2008 MAY 1			John N. Boozman
HAND DELIVERED	DEL	Form A For use by Members, officers, and employees		UNITED STATES HOUSE OF REPRESENTATIVES 2008 FINANCIAL DISCLOSURE STATEMENT For 2007 Calendar Year Reporting Period

	IT Congressional Fed. Union	177	JT AG Edwards	OT AR National Bank	JT Northwest Mutual Life		Examples:	SP, SP Mega Corp. Stock	account and its value at the end of the reporting period. For an active business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. For additional information, see the instruction booklet. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by you or your spouse's child, parent, or sibling; any deposits totalling \$5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	provide the value and income information on each asset in the account that exceeds the reporting threshold. For retirement plans that are not self-directed, name the institution holding the	BLOCK A Asset and/or Income Source Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other asset or sources of income which generated more than \$200 in "unearned" income during the year. For rental property or land, provide a complete address. Provide full names of stocks and mutual funds (do not use ticker symbols). For all IRAs and other retirement plans (such as 401(k) plans) that are self directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments).
X				>	X	×	Indefinite	×	None \$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$250,000 \$250,001 - \$500,000 \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$55,000,000 \$25,000,001 - \$55,000,000 Over \$50,000,000	A B C D E F G H I J K L	BLOCK B Value of Asset Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold during the reporting year and is included only because it generated income, the value should be "None."
N/A		>	>	X	X	×	Royalties	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income (Specify: For Example, Partnership Income or Farm I	Income)	Type of Income Check all columns that apply. For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA." For all other assets including all IFAs, indicate the type of income by checking the appropriate box below. Dividends and interest, even if reinvested, should be listed as income. Check "None" if asset did not generate any income during calendar year.
		X	×			×	×	×	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Over \$5,000,000	II III IV V VI VII X X XI	Amount of Income For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, including all IRAs, indicate the category of income by checking the appropriate box below. Dividends and interest, even if reinvested, should be listed as income. Check "None" if no income was received.
								S (partial)	please indicate as follows: (S) (partial) See below for example. P, S, E	If only a portion of an	BLOCK E Transaction Indicate if the asset had purchases (P). sales (S), or exchanges (E) exceeding \$1000 in reporting year.

SCHEDULE III—ASSETS AND "UNEARNED" INCOME Continuation Sheet (if needed)

Name John Boozman

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SCHEDULE IV— TRANSACTIONS

Name John Boozman

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Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting year of any real property,	Type of Transaction	Type	ion_	Date			Amo	Amount of	of Tr	ansa	Transaction	,	
stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions				(MO/DAY/YR)	σ	ဂ	0	Ш	TI	<u>ග</u>	I		<u> </u>
that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse,	CHASE		IANGE	or Quarterly, Monthly, or)		00	00	00	000	000	0,000	0,000
or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.	PURC	SALE	EXCH	Bi-weekly, if applicable	\$1,001- \$15,000	\$15,001 \$50,000 \$50,001	\$100,00	\$250,00 \$250,00	\$500,00 \$500,00	\$1,000,0	\$5,000,0 \$5,000,0	\$25,000 \$25,000	\$50,000 Over \$50,000
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SCHEDULE V— LIABILITIES

Name John Boozman

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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report revolving charge accounts (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

7	\$1,001- \$15,000	\$1,001- \$15,000 \$15,001- \$50,000	\$1,001- \$15,000 \$15,001- \$50,000 \$50,001- \$100,000	\$1,001- \$15,000 \$15,001- \$50,000 \$50,001- \$100,000	\$1,001- \$15,000 \$15,001- \$50,000 \$50,001- \$100,000	\$1,001- \$15,000 \$15,001- \$50,000 \$50,001- \$100,000 \$250,001- \$500,000- \$500,001-	\$1,001- \$15,000
ver,	Type of Liability Type of Liability Nortgage on 123 Main St., Dover, Del.	Type of Liability	Type of Liability Type of Liability S1,001- \$15,000 \$15,001- \$50,001- \$50,001- \$100,000	Type of Liability Type of Liability \$1,001-\$15,000 \$15,001-\$50,000 \$15,001-\$50,000	Type of Liability Type of Liability S1,001- \$15,000 \$15,001- \$50,001 \$50,001 \$50,001	Type of Liability Amount of Liability	## Amount of Liability St. Dover De
1 OD 1	\$1,001- to \$15,000	\$1,001- \$15,000 \$15,001- \$50,000	\$1,001- \$15,000 \$15,001- \$50,000 \$50,001- \$100,000	\$1,001- \$15,000	\$1,001- \$15,000	\$1,001- to \$15,000 to \$15,001- \$50,000 to \$100,000 to \$250,000 to \$250,000 to \$250,000 to \$500,000 to \$1,000,000 to \$1,000,000 to \$1,000,000 to \$5,000,000 to \$5,000,000 to \$1,000,000 to \$5,000,000 to \$1,000,000 t	\$1,001- \$15,000

SCHEDULE VI— GIFTS

Report the source, a brief description, and the value of all gifts totalling more than \$305 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$122 or less need not be added towards the \$305 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule

-		Exan	"		
	Source	Example: Mr. Joseph H. Smith, Anytown, Anystate			
	Description	Silver Platter (determination on personal friendship received from Committee on Standards)			
	Value	\$325			

Name	
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SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

or were paid by you and reimbursed by the sponsor. Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than \$305 received by the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a

spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	City of Departure—Destination— City of Return	Lodging? (Y/N	Food? (Y/N	Was a Family Member Included? (Y/N)	Number of days not at sponsor's expense
Chicago Chamber of Commerce	Mar. 2	DC—Chicago—DC	z	z	Z	None
Roycroft Corporation	Aug. 6–11	DC—Los Angeles—Cleveland	Υ	~	Υ	2 Days
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